MISSOURI-DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH =63=021910									
DO NOT WRITE	Are .		ENDED		R	Registration District No			
VS 300	<u> </u>	<u> </u>			1.	1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence ber a. STATE MO. b. COUNTY admission)			
Rev. 4/59	AMENDED	į			[b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY OR TOWN St. Louis, Missouri 8yr, 92 dysown St. Louis Length of stay in 1b c. CITY dysown St. Louis No			
$\frac{1}{2} \sim 2$	L E	į		1		c. FULL NAME OF (if NOT in hospital, give location) . HOSPITAL OR INSTITUTION St. Louis Chronic Vest No St. Street Vest No			
3		#	1	1	3	3. NAME OF DECEASED First Middle Lest 4. DATE Month Dey Year (Type or print) Robert Mc Lachlan DEATH 5 6 1963			
5 .0						5. SEX 6. COLOR OR RACE 7. Merried Never Married 8. DATE OF BIRTH 9. AGE (last birthday) 1F UNDER 1 YEAR 1F UNDER 2 Male White Widowed Divorced 8-10-1879 83 Months Days Hours 7	24 HR Min.		
6	SWS		1			10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10s. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNT Canada 13s. CATHEDYS MAIDEN! NAME 13s. MOTHER'S MAIDEN! NAME 14s. NAME OF HISBAND OR WIFE	TRY		
87 1	FOLLO					136. FATHER'S NAME Duncan Mc Lachlan Mary (Unknown) 14. NAME OF HUSBAND OR WIFE None 15. WAS DECEASED EVER IN U.S. ARMED FORCES?			
9	ARE AS				(Ýe	(Yes, no, or unknown) (If yes, give war or dates of serv Unknown Robert L. Schneider, 506 Olive St.	WEEN.		
10	ORD A			DOCUMENT		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). IMMEDIATE CAUSE (a) INTERVAL BETWOOD THE CONSTRUCTION OF THE CONSTRUCTIO	tay		
1276-0	THIS RECO) -		Conditions, if any, which gave rise to above cause (a); stating the underlying cause last. Due to (c) Due to (c) Due to (c)	<u> </u>		
7/,	NTS ON				CERTIFICATION .		X) days.		
-	AMENDMENT						<u> </u>		
RIBBON	AME		ŀ		MEDICAL				
-	وا	ا از	,			20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	JE		
USE BLACK OR TYPEWRITER I	ILD READ		·			21. I attended the deceased from 2-3-1955 , to 5-6-63 and last saw her him elive on 5-6-63 Death occurred at 5:20 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.			
USE	SHOULD	,		VIT OF		228. SIGNATURE WITH THE 226. NAME OF CEMETERY OF CREMATORY 236. LOCATION (City: 1000, or county) (State)	IGNED		
	Ŏ.	<u>:</u>	1	AFFIDA	1	Burial 5-10-63 St.Matthews Cemetery St.Louis.Mo.	-0,7 		
	TEM	<u>.</u> <u> </u>	,	¥ A		24. FUNERAL DIRECTOR ADDRESS 24. AND REG. 26. RESTRAR SIGNATURE ADDRESS 24. FUNERAL DIRECTOR ADDRESS 24. FUNERAL DIRECTOR ADDRESS 25. REG. 26. RESTRAR SIGNATURE ADDRESS 24. FUNERAL DIRECTOR ADDRESS 25. REG. 26. RESTRAR SIGNATURE ADDRESS 25. REG. 26. REG. REG. 26. REG. REG. 26. R	<i>)</i>		

STATEMENT BY LICENSED EMBALMER

I her	reby certify that the body whose name	is recorded on the reverse side of this certificate was embalmed by me,
or by		, Student Embalmer No
working und	ler my personal supervision.	
Student	Signature of Student Embalmer	_ Signed Is Wilhinson
	Signature of Stocess Embernes	Licensed Embalmer No. 3.5 75
<u></u>	· · · · · · · · · · · · · · · · · · ·	P. O. Address & Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.